AND AND APPLICATION

Image

CUSTOMER NUMBER 25267

Certificate Under 37 C.F.R. 1.8(a)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an

envelope addressed to: MAIL STOP AF, Commissioner for

Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

D. Cwiklinsk

Dated:

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

Applicant:

Blyshak et al.

Serial No.:

10/056,916

Filing Date:

January 25, 2002

Title:

HYDRAULIC ACTUATOR APPARATUS

FOR A SURGICAL TABLE

Group:

3673

Examiner:

Trettel, M.

Attorney Docket No.:

8266-0744

MAIL STOP AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE	
TOTAL CLAIMS (37 C.F.R. 1.16(c))	79	80	0	\$18	\$0	
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	9	10	0	\$86	\$0	
If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here.				NO	\$0	
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0	

X	An Extension of Time for <u>one</u> month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is:	\$110
	Information Disclosure Statement	
	TOTAL FEE FOR THIS AMENDMENT	\$110
X	A check in the amount of \$110 to cover the total fee for this amendment is attached.	

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record

Printed Name: Ryan C. Barker

Registration No.: 47,405